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Bib Data Sheet

CONFIRMATION O. 4385

<b>SERIAL NUMBER</b> 09/271,614	<b>FILING DATE</b> 03/17/1999 <b>RULE</b>	<b>CLASS</b> 709 719	<b>GROUP ART UNIT</b> 2126	<b>ATTORNEY DOCKET NO.</b> SI-1P018
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## APPLICANTS

ADAM J CHEYER, PALO ALTO, CA;  
 DAVID MARTIN, SANTA CLARA, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/225,198 01/05/1999

YES

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/09/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 56	<b>INDEPENDENT CLAIMS</b> 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <u>[Signature]</u> Initials: _____				

## ADDRESS

22918

## TITLE

HIGHLY SCALABLE SOFTWARE-BASED ARCHITECTURE FOR COMMUNICATION AND COOPERATION  
 AMONG DISTRIBUTED ELECTRONIC AGENTS

<b>FILING FEE RECEIVED</b> 1850	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit

Corrected  
5/7/03

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/271,614	03/17/99	709	2758	SRI1P18-(394

APPLICANT

ADAM J CHEYER, PALO ALTO, CA; DAVID MARTIN, SANTA CLARA, CA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A CON OF 09/225,198 01/05/99

YES for

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

NONE for

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

NONE for

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/09/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 16	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 7
Verified and Acknowledged <u>for</u> Examiner's Initials _____ Initials _____					

ADDRESS	HICKMAN STEPHENS & COLEMAN P O BOX 52037 PALO ALTO CA 94303-0746
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TITLE	HIGHLY SCALABLE SOFTWARE-BASED ARCHITECTURE FOR COMMUNICATION AND COOPERATION AMONG DISTRIBUTED ELECTRONIC AGENTS
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FILING FEE RECEIVED  \$1,850	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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